

## 1915(c) Community Health for Improved Lives and Development (CHILD) Waiver

### Exceptional Supports Protocol

January 2026

Exceptional supports are to be based on the needs of the participant for whom the exception is requested. All exceptional supports shall adhere to the requirements found in 907 KAR 2:725, Section 4.

#### Procedures:

1. Within one (1) day of the person-centered team meeting in which an exceptional supports request is approved, the case manager shall submit the exception requested through the MWMA, including:
  - a. The name and identifying information of the participant;
  - b. A description of the exceptional support being requested;
  - c. Specific challenges presented by the participant and interventions provided that have resulted in the request, including dates, times, and locations of occurrences;
  - d. Summary notes of the person-centered team meeting held to determine if the request for the requested exception was appropriate, including signatures of the team members and date, time, and location of the meeting;  
**Note:** The summary notes should document the discussion between team members about the exceptional support request.
  - e. Documentation of any intervention attempted to stabilize the challenges and resulting outcomes for any repeat exception requests; and
  - f. Submission of a modified plan with the exceptional support request.
  - g. When an exceptional support request is submitted for an increased rate based on level of supervision (typically a specific number of hours of 1:1 support), the cost of the service is based on the gross hourly rate of the staff providing the support. The CHILD Waiver Rate Determination form will be completed and submitted with the exceptional support request. The information provided in the CHILD Waiver Rate Determination form will yield the exceptional support rate that is prior authorized once the exceptional support request is approved.
2. The exceptional support request can be submitted up to thirty (30) days prior to the start date of the service requested.
3. All exceptional supports requests must be approved by consensus of the person-centered team. Under no circumstances may a case manager, acting on his/her

own without person-centered team approval, direct a provider to provide an exceptional support.

4. Emergency Situations After Hours: If a provider believes that an exceptional support is necessary to ensure the health, safety, and welfare of a waiver participant, but it is after normal business hours or occurs during a weekend or holiday, the provider shall contact the case manager utilizing the after-hours contact process for the agency. If the case manager agrees that the service is needed, the provider may put the service in place. Following the phone approval, it is the responsibility of the service provider to submit an email to the case manager and Director of the case management agency. The email will serve as a record of the approval and should include the date the service began, time and date of the phone approval with the case manager, and the date of the first business day on which the person-centered team meeting must occur. It is the responsibility of the case manager to conduct a person-centered team meeting on the first business day following the emergency. If the case manager is not available, the case management agency must ensure the meeting occurs. If the team approves, via consensus vote, the support request during the person-centered team meeting, the case manager will submit the information and note the date the service began due to the stated emergency. If the team does not approve the exceptional support request, a request packet will not be submitted, and the support will be ended immediately. No reimbursement will be made for supports that have not been approved by the person-centered team.
5. Within three (3) business days, DBHDID shall review the exceptional supports packet for accuracy and completeness and will deny the request, approve the request, or request additional information be submitted.
6. The date of service will be authorized on the date of submission of a complete and accurate packet in MWMA, unless the service began during an after-hours emergency, as described above. In an emergency situation, the date of service will be authorized on the first day the emergency service was rendered. Services associated with data that was not submitted timely and in accordance with expectations will not be considered for reimbursement.
7. If approved, exceptional supports shall be prior authorized for a period of up to six (6) months, or until the end of their eligibility year, whichever is shorter. The prior authorization can follow the participant if a transition to another provider occurs through an amendment to the prior authorization.
8. A new exception request that will continue an existing exception shall be submitted no later than fifteen (15) days prior to the end of a prior authorization period.
9. If a rate increase for residential services is approved through the exceptional support process, then a rate increase will not be approved for any other services.

## **Additional Requirements Per Service in the Request:**

### **1. Case Management:**

- a. Exceptional supports requests will be considered for one additional unit of service per plan year, if the following documentation is submitted:
  - i. Details from the provider of the crisis or transition occurring to justify the need for additional units to ensure that the participant's health, welfare and safety needs are met.
    - 1. Documentation of the crisis mitigation plans being implemented;
    - 2. Documentation of the transition planning process;
    - 3. Documentation of how the additional unit will be utilized; and
    - 4. Incident reports should be provided to document the health, safety, welfare crisis currently occurring.

### **2. Respite:**

- a. Exceptional supports requests for additional units may be submitted within thirty (30) days of exhausting the regulatory amount of units, and will be considered if the following documentation is submitted:
  - i. Documentation of units awaiting billing if regulatory units have not been exhausted;
  - ii. Documentation of the crisis occurring that contributed to the regulatory units being exhausted prior to the end of the plan;
  - iii. Documentation on how the additional units will be utilized to assist in the crisis;
  - iv. Documentation to confirm that units will not be utilized during school hours, and
  - v. Incident reports must be provided to document the health, safety, welfare crisis currently occurring.
- b. Exceptional Support requests for additional units of Respite are limited to an additional 70 units per plan year above the regulatory limit.

### **3. Clinical Therapeutic Services:**

- a. Exceptional supports requests for additional units may be submitted within thirty (30) days of exhausting the regulatory amount of units, and will be considered if the following documentation is submitted:
  - i. Documentation of units awaiting billing if regulatory units have not been exhausted;

- ii. Documentation of the crisis occurring that contributed to the regulatory units being exhausted prior to the end of the plan;
  - iii. Documentation on how the additional units will be utilized to support the participant in crisis;
  - iv. Documentation of how the service will be faded over time; and
  - v. Incident reports must be provided to document the health, safety, welfare crisis currently occurring.
- b. Exceptional Support requests for additional units of Clinical Therapeutic Services are limited to an additional 80 units per plan year above the regulatory limit.

**4. Supervised Residential Care:**

- a. Exceptional Supports requests for an increased rate are only considered when an additional staff person is needed to provide supports and the following documentation is submitted:
- i. Documentation of the hours per day that the additional staff will be providing supports;
  - ii. Documentation of the actual hourly pay rate of the additional staff;
  - iii. A completed CHILD Wavier Rate Determination form;
  - iv. Documentation verifying the level of supervision staff will be providing during all hours requested (i.e. line of sight, arms reach, etc.);
  - v. Documentation of sleep patterns and supports provided through the night (only include if requesting nighttime hours); and
  - vi. Incident reports must be provided to document the health, safety, welfare crisis currently occurring.
- b. Exceptional Support requests for Supervised Residential Care are limited to \$825 per day and are based on the calculation from the CHILD Waiver Rate Determination form.